

# Share Your Opinions!

## Families - DPH needs your help!

The Department of Public Health (DPH) wants to know how Early Intervention Programs are doing in providing services and supports to children and families.

Are you satisfied with your EI services and are they helping you to:

- Know your rights
- Effectively communicate your children's needs
- Help your children develop and learn

Please take a few minutes to complete this Family Survey your Service Coordinator gives you

- Use a **PENCIL** to fill it out
- Put the completed Survey into the stamped, self-addressed envelope
- Put it in the mail

You may skip any items that don't apply to your family.

You don't have to give your name. The information you provide will be kept confidential. Your EI program will receive a report that combines the responses of everyone who completes the Survey. The program will use this information to improve the services and supports they provide to you, your child and other families.

Any questions ask your Service Coordinator or call the Early Intervention Parent Leadership Project toll free at 877-353-4757.

**THANKS FOR YOUR HELP!**



*Massachusetts Department of Public Health  
Division for Perinatal, Early Childhood & Special Health Needs  
Early Intervention Program*



## Family Survey - Early Intervention

This is a survey for families receiving Early Intervention services. Your responses will help guide efforts to improve services and results for children and families. For each statement below, please select one of the following response choices: very strongly disagree, strongly disagree, disagree, agree, strongly agree, very strongly agree. In responding to each statement, think about your experience and your family's experience with Early Intervention services over the past year. You may skip any item that you feel does not apply to your family.

Use pencil only.



Fill in circle completely:  
Incorrect:



Very Strongly Disagree  
Strongly Disagree  
Disagree  
Agree  
Strongly Agree  
Very Strongly Agree

### Family-Centered Services

- |   |                       |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. I was given help in preparing for Individualized Family Service Plan (IFSP) meeting(s).              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. My family was given information about where to go for help or support if I feel worried or stressed. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. I was given choices concerning my family's services and supports.                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. My family's daily routines were considered when planning for my child's services.                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. I have felt part of the team when meeting to discuss my child.                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. The services on our IFSP have been provided in a timely way.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

### My family was given information about:

- |  |                       |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 7. - changes of routines, activities, and the physical setting that would help my child. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. - the rights of parents regarding Early Intervention services.                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. - community programs that are open to all children.                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. - organizations that offer support for parents of children with special needs.       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. - how to participate in different programs and services in the community.            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. - opportunities for my child to play with other children.                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. - how to advocate for my child and my family.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. - who to call if I am not satisfied with the services my child receives.             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

### Someone from the Early Intervention program:

- |  |                       |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 15. - helped me get services like child care, transportation, respite care, or food stamps.                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. - helped me get in touch with other parents for help and support.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. - asked whether the services my family was receiving were meeting our needs.                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. - went out into the community with me and my child to help us get involved in community activities and services. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

### The Early Intervention service provider(s) that work with my child:

- |  |                       |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 19. - are dependable.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. - are easy for me to talk to about my child and my family.               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. - are good at working with my family.                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. My service coordinator is available to speak with me on a regular basis. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. My service coordinator is professional and answers my questions.         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24. Information I receive is written in an understandable way.               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25. I was given information to help me prepare for my child's transition.    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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Version 2.0  
National Center for Special Education  
Accountability Monitoring  
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## Impact of Early Intervention Services on Your Family

*Over the past year, Early Intervention services have helped me and/or my family:*

	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Very Strongly Agree
26. - participate in typical activities for children and families in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. - know about services in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. - figure out solutions to problems as they come up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. - know where to go for support to meet my child's needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. - know where to go for support to meet my family's needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. - get the services that my child and family need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. - feel more confident in my skills as a parent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. - help other children in my family (if there are other children) adjust to their brother's or sister's needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. - make changes in family routines that will benefit my child with special needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. - be more effective in managing my child's behavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. - do activities that are good for my child even in times of stress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. - feel that I can get the services and supports that my child and family need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. - understand how the Early Intervention system works.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. - be able to evaluate how much progress my child is making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. - feel that my child will be accepted and welcomed in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. - feel that my family will be accepted and welcomed in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. - communicate more effectively with the people who work with my child and family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. - understand the roles of the people who work with my child and family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. - know about my child's and family's rights concerning Early Intervention services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. - do things with and for my child that are good for my child's development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. - understand my child's special needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. - feel that my efforts are helping my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. - be more hopeful about my child's future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

49. State of Residence

50. Child's Age at Time of Survey Completion

- 1 ☐ Birth to 1 year  
 2 ☐ 1 - 2 years  
 3 ☐ 2 - 3 years  
 4 ☐ Over 3 years

51. Child's Age When First Referred to Early Intervention

- 1 ☐ Birth to 1 year  
 2 ☐ 1 - 2 years  
 3 ☐ 2 - 3 years

52. Child's Race / Ethnicity

- 1 ☐ White  
 2 ☐ Black or African-American  
 3 ☐ Hispanic or Latino  
 4 ☐ Asian or Pacific Islander  
 5 ☐ American Indian or Alaskan Native  
 6 ☐ Multi-racial

53. Did anyone help you fill out this survey?

- 1 ☐ Family member  
 2 ☐ EI staff  
 3 ☐ Other

--Thank you for your participation.--

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